

PROGRESS OF MEDICAL SCIENCE

MEDICINE

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Dislocation of the Navel in Gastric Ulcer and Other Abdominal Affections.—H. SCHLESINGER (*Wiener klin. Wschr.*, 1921, xxxiv, 1) describes a new sign in connection with gastric ulcer and other acute lesions in the abdomen. If one has the patient sit and strain as if at stool, one frequently notices a characteristic dislocation of the navel. With healthy persons the navel is usually elevated. With an acute abdominal lesion, causing unilateral rigidity of the rectus abdominis, a lateral dislocation of the navel occurs during straining, which lasts several seconds. This transitory dislocation of the navel is toward the diseased side, because of the more marked muscular contraction. The phenomenon is best appreciated if the observer stands at the foot of the bed. The dislocation varies much in different cases (up to 4 cm.). The author finds the navel phenomenon of value at times as evidence that an ulcer persists when other signs, such as tenderness on pressure, have disappeared. Oppenheim has described dislocation of the navel as a sign of unilateral paralysis of the abdominal muscles. Here, the navel is dislocated toward the normal side. Schlesinger has observed his navel phenomenon especially in cases of gastric and duodenal ulcer and in cholelithiasis during or immediately after an attack.

Koranyi's Phenomenon.—H. FASCHINGBAUER and H. NOTHNAGEL (*Wiener klin. Wschr.*, 1921, xxxiv, 46) report their observations on Koranyi's phenomenon. In 1918, Koranyi recommended percussion of the apices of the lungs in the erect posture and with the patient leaning forward. "If the apices are sound, the percussion findings remain

the same in both postures, whereas the upper borders of diseased apices move forward if one marks their position in relation to the spinal column. Thus, asymmetries are recognizable which are missed in the erect posture. Dull areas move, their extent increases. Occasionally small areas of dullness become evident, which are missed in the usual method of carrying out percussion of the apices." The authors confirm Koranyi's findings and are convinced of the practical importance in the diagnosis of beginning apical tuberculosis. In addition to infiltrative lesions of the apices, they have found analogous phenomena in pulmonary emphysema.

Are there Reliable Criteria of Operability in Exophthalmic Goiter.—CHEEVER, D. (*Arch. Surg.*, 1921, ii, 21). From a review of the literature on the subject and an analysis of 4 fatal operative cases at the Peter Bent Brigham Hospital and 6 other cases in which a fatal issue was narrowly averted, the author concludes: (1) During an acute exacerbation of the disease or in periods of great mental depression, operation is contraindicated. (2) Muscular weakness so great that the patient cannot walk, and marked loss of weight with continued loss under absolute rest, are serious contraindications. (3) Organic visceral disease, so serious as to jeopardize patients having an operation of similar technical type, is a contraindication. (4) Operation should not be undertaken in the presence of an enlarged thymus, until its probable activity has been reduced by irradiation. (5) The Jewish race offers a distinctly higher operative mortality. (6) A metabolism of $+30$ introduces a serious risk, which undoubtedly increases with high rates, but not necessarily in proportion, and there is no rate of metabolism which alone contraindicates minor surgical procedures. (7) The "vagotonic" type is possibly more vulnerable to the operative ordeal than is the "sympatheticotonic," but evidence on this point is as yet inconclusive. (8) The minor procedures, whether consisting of injections into the gland, cauterizing, or ligating operations, are often most valuable indices of a patient's resistance to trauma.

Advantages of Prophylactic Administration of Quinine Demonstrated Experimentally.—ETIENNE and EDMOND SERGENT (*Ann. de l'Institut Pasteur*, 1921, xxxv, 125). Remarking that a better way of judging the value of quinine prophylaxis against malaria is that of properly controlled experimentation, rather than simple observation, and pointing out the impossibility of this procedure when man is used as the subject, the authors worked with malaria of birds (*Plasmodium relictum*). The research included (1) a study of the acute infection, (2) the passage from acute to chronic states (3) the curative action of quinine and (4) the preventive action of quinine. Their general conclusions are as follows: (1) If a healthy subject (canary) absorbs quinine as a prophylactic measure, and receives a heavy inoculation of the virus, it will not become sick. On the other hand, the control birds always become ill, 30 per cent. of them dying in the acute stage. (2) This immunity following quinine persists as long as the virus is administered. Where this treatment is stopped the birds are susceptible to infection. (3) The advantages of prophylactic administration of quinine are: (a) avoidance of the serious accidents of the acute disease; (b) if the

infection is not completely avoided it is rendered much less severe, and confers on the subject a relative immunity to reinoculations; (c) subjects when given quinine as a prophylactic measure are less dangerous as a source of virus for inoculation of others.

Studies in the Treatment of Malaria.—STEPHENS, YORK ET AL. (*Ann. Trop. Med. and Parasit.*, 1921, xiv, 365). In a study of the time of onset of the paroxysms in simple tertian malaria it was found that 90 per cent. of the paroxysms, in cases observed occurred during the hours of activity (7 A.M. to 6.59 P.M.). The maximum number of these paroxysms occurred at 2 P.M. Alteration of the period of activity by one hour produced a corresponding alteration in the time of incidence of the paroxysms.

Variations in the Bacterial Flora of the Upper Air Passages during the Course of Common Colds.—BLOOMFIELD, A. (*Johns Hopkins Hosp. Bull.*, 1921, xxxii, 121). From facts obtained from careful review of the literature on the subject of colds, and from a consideration of the clinical features of the condition, Bloomfield summarizes our present knowledge of the subject as follows: "(1) The common cold is a definite disease generically related to grippe and influenza. The primary disease is often followed by local complications which tend to overshadow the picture. (2) Cold may produce disturbances in the upper air passages which are not to be distinguished from true infectious colds. (3) None of the common bacteria found in the nose or throat have been proved to be the primary cause of colds. (4) The most convincing evidence in the literature favors a filtrable virus as the cause of the common cold."

To investigate the subject further the author made an intensive study of the aerobic flora of the upper air passages of ten individuals suffering from acute coryza, previous studies on normal flora serving as a background. It was found that in uncomplicated colds the flora differed in no fundamental way from the normal. Where an organism normally not present was found, it almost invariably was found in cases presenting complications (bronchitis, tonsillitis, sinusitis, etc.). While it is certain that commonly encountered pathogenic bacteria, such as Staphylococci, Streptococci, Pneumococci, B. influenzae, etc., are not etiological factors in colds, it seems that the latter may so alter the mucous membrane as to encourage its bacterial invasion by one of these organisms, resulting in the complications commonly met with following coryza.

Variations of Acid Concentrations in Different Portions of the Gastric Chyme, and its Relation to Clinical Methods of Gastric Analysis.—GONHAM, F. (*Arch. Int. Med.*, 1921, xxvii, 434). Feeling that the gastric chyme is not, in the majority of instances, a homogeneous mixture after a test meal, and that the acidity of different portions of it may vary widely, the author introduces the following method of examination: The fasting stomach is emptied and the patient given 30 gm. of dry shredded wheat biscuit and 400 c.c. of water. After forty-five minutes the entire stomach contents are aspirated in 10 c.c. portions in rapid succession. The acidity of these different portions is